

(COMPLETE THIS APPLICATION, DO NOT EMAIL OR FAX FORM, BRING TO INTAKE INTERVIEW)

Have you ever applied to Manchester City Welfare before? Yes____ No____ If yes, When?_____What Name_____

Name _____

Maiden Name _____

Address _____

Referred By _____

City _____ State _____ ZIP _____

Spouse/Cohab/Roommates _____

Maiden Name _____

Telephone _____ Cell Phone _____

Taken By _____

Contact Phone Number _____

Relationship _____

LIST EVERYONE WHO LIVES IN THE HOUSEHOLD, BEGIN WITH YOURSELF ON THE FIRST LINE

Full Name	Relationship	Marital Status	Birthdate	Age	Social Security Number	Name of Child's School	Grade
	Self						

LIST ANY OF YOUR CHILDREN WHO DO NOT LIVE WITH YOU. INCLUDE CHILDREN OVER 18 YEARS OF AGE

Full Name	Birthdate	Address	Employer	Name of Guardian if child is under 18

LIST MARITAL HISTORY OF ALL ADULT HOUSEHOLD MEMBERS

Your Name	Spouse's Name	Date of Marriage	Place of Marriage City/Town/State	Legal Status (Divorce/Sep)	Date of Div/Sep	Custody of Children

LIST YOUR ADDRESSES FOR THE LAST TWO YEARS, BEGIN WITH YOUR PRESENT ADDRESS

Street Address Room or Apt. #	Town / City / State	From (Month / Date / Year)	To (Month / Date / Year)

Have you ever applied or received assistance from any other city, town, or state welfare office? Yes____ No____ If yes, provide details:

Where? _____ When? _____ What type of assistance? _____

Under what name? _____ Duration of assistance? _____ Name of case technician _____

LIST YOUR PARENTS AND THE PARENTS OF YOUR SPOUSE, ROOMMATE OR COHAB

Your Name _____ Place of Birth _____ Father _____ Address _____ Phone Number(s) _____ Employer _____ Income _____ Mother _____ Address _____ Phone Number(s) _____ Employer _____ Income _____	Spouse, Roommate or Cohab Name _____ Place of Birth _____ Father _____ Address _____ Phone Number(s) _____ Employer _____ Income _____ Mother _____ Address _____ Phone Number(s) _____ Employer _____ Income _____
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SERVICE RECORD

Name and Rank at Discharge	Branch of Service	Dates of Service	Type of Discharge	Type of Benefits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or anyone in the household serving in the National Guard or Reserves? Yes____ No____ Name_____

List the date of last National Guard or Reserves pay _____ Amount _____

PLEASE LIST CURRENT AND LAST THREE EMPLOYERS FOR YOURSELF AND ALL HOUSEHOLD MEMBERS

Employee's Name	Employer	Weekly Wage	Last Date Paid	Dates of Employment	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MEDICAL, ACCIDENT OR INJURY INFORMATION

Is anyone in your household unable to work? Yes____ No____ Name(s) _____

Check Reason: Non Work-Related Accident____ Non Work-Related Illness____ Work-Related Accident____ Work-Related Illness____

Date of Injury, Accident or Illness _____ Date Workers Comp Claim Filed _____

Name and address of employer _____ Phone number _____

Doctor's name, address, phone number _____ Date able to return to work _____

Name of Insurance Co. for work-related and/or non work-related accident and/or injury _____

List prescribed medications _____

Are you or any other member of the household under doctor's care? Yes____ No____ If yes, provide the following details:

Name _____ Doctor's name, address and phone number _____

Diagnosis _____ Medications _____

Name _____ Doctor's name, address and phone number _____

Diagnosis _____ Medications _____

PROPERTY

List all property & vehicles bought, sold or transferred within the last 3 years

Description/Address _____ Date _____ Price _____ Bought _____ Sold _____

Description/Address _____ Date _____ Price _____ Bought _____ Sold _____

Description/Address _____ Date _____ Price _____ Bought _____ Sold _____

Do you or any other household member own any real estate? Yes _____ No _____ Name of owner(s) _____

Address of property _____ Multi or single family? _____

Mortgage holder name/address/phone & fax #'s. _____

Rental income property? _____ Purchase date _____ Purchase price _____

Payment _____ Date of last payment _____ Foreclosure pending? _____

LIST ALL VEHICLES OF ALL HOUSEHOLD MEMBERS INCLUDING BOATS, MOTORCYCLES, ATV's, ETC.

Year	Model	Plate #	Registered To	Own _____ Lease _____ Own _____ Lease _____	Rent _____ Borrow _____ Rent _____ Borrow _____	Date of Purchase	Purchase Price	Date of Last Payment	Amount of Payment
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

RENTAL INFORMATION: Landlord's name _____ Address _____ Tel # _____

Rental amount \$ _____ Due weekly _____ Due every two weeks _____ Due monthly _____

Do you have a lease Yes _____ No _____ Are you receiving subsidized housing? Yes _____ No _____ If yes, what type? _____

How many bedrooms in your apartment? _____ Which utilities are included in your rent? _____

Date rent last paid _____ Covering time period from _____ to _____

Name & phone no. of any person(s) or agency(ies) who paid your rent: Name _____ Phone _____

Have you received an eviction notice? Yes _____ No _____ Have you been to court? Yes _____ No _____ If yes, when? _____

LIST INCOME TAX INFORMATION FOR ALL HOUSEHOLD MEMBERS

Name	Date Filed	Where/How Filed?	Date Tax Refund Rec'd	Amount of Refund
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL ASSETS FOR YOURSELF AND ALL OTHER HOUSEHOLD MEMBERS

Do you or any other household member including children have any bank accounts? Yes _____ No _____ If yes, provide information on all personal and / or business accounts owned singly or jointly.

Name	Name of Bank / Credit Union	Savings Acct.	Balance	Checking Acct.	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you or any other household member closed a bank or credit union account within the last 6 months? Yes _____ No _____

If so, who? _____ When? _____ What type of account? _____

Which bank? _____ Bank location _____

Do you or any other household member have or cashed in any of the following within 3 years? Yes _____ No _____ If yes, list each amount

Trust funds _____ Certificates of Deposit (cds) _____ Mutual funds _____ Retirement account _____ Savings Bonds _____

Stocks _____ 401 K _____ Profit Sharing _____ Annuities _____ Other (give details) _____

Have you or any household member made a loan against or received disbursements involving the above accounts within 3 years? Yes _____ No _____

If yes, provide loan and/or disbursement details _____ Date _____

Do you or any other household member have any insurance policies? Yes___ No___ If yes, provide the following details:

Name	Name of Insurance Co.	Type of Policy	Cash Value
_____	_____	_____	_____
_____	_____	_____	_____

LIST IF YOU OR ANY OTHER HOUSEHOLD MEMBER HAVE APPLIED FOR, OR ARE CURRENTLY RECEIVING INCOME OR BENEFITS FROM THE FOLLOWING SOURCES:

	Name	Date Applied	Date Last Received	Amount
ANB (Aid to the Needy Blind)	_____	_____	_____	_____
Boarders in your household	_____	_____	_____	_____
Cash available or set aside	_____	_____	_____	_____
Disability – State/APTD	_____	_____	_____	_____
Disability – Short Term_____ Long Term_____	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Fuel Assistance: Rent_____ Heat_____ PSNH_____	_____	_____	_____	_____
Help from friends, relatives, employer, or co-workers	_____	_____	_____	_____
Maternity Benefits	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
OAA (Old Age Assistance)	_____	_____	_____	_____
Retirement Pension	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
SS_____ SSD_____ SSI_____	_____	_____	_____	_____
TANF_____ Relative Payee_____	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Vacation Pay_____ Earned Time_____ Sick Time_____	_____	_____	_____	_____
Veteran's Pension	_____	_____	_____	_____
WIC (Women, Infants & Children)	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Other	_____	_____	_____	_____

PAYEE INFORMATION

Do you have a payee for any of your benefits? Yes___ No___ Which benefits?_____

Payee Name, Address and Daytime Phone No._____

Are you a payee for anyone else? Yes___ No___ Benefits for which you are payee_____

His/her name, address and Phone No._____

Are you compensated for your payee services? Yes___ No___ Amount_____ Date last received_____

Have you or any member of the household consulted with an attorney or are working with an attorney for any reason, including a possible lawsuit? Yes___ No___ If yes, provide details:_____

If yes, provide the attorney's name, address, phone no._____

Are you or any member of the household expecting an inheritance, retroactive disability payment, insurance claim or any lump sum payment or settlement of any type? Yes___ No___ If yes, explain_____

Have you or any member of your household received any of the above or any type of lump sum payment in the last 3 years? Yes___ No___

Name_____ When?_____ What type?_____ Amount_____

Provide details_____

ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS WORKING WITH ANY OTHER AGENCIES? Yes___ No___

Client Name

Agency Name /Location

Contact Person/Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD SUPPORT INCOME (Request additional sheet of paper if necessary)

1. Child's Name and Address _____ dob _____

Absent Parent's Name and Address _____ Phone No. _____

Amount last received _____ Cash___ Check___ Money Order___ Date last received _____ Next Due _____

Are support payments made directly to you? Yes___ No___

If not, through which state or agency? _____ Court ordered? _____

Name and Address of court _____

2. Child's Name and Address _____ dob _____

Absent Parent's Name and Address _____ Phone No. _____

Amount last received _____ Cash___ Check___ Money Order___ Date last received _____ Next Due _____

Are support payments made directly to you? Yes___ No___

If not, through which state or agency? _____ Are support payments court ordered? _____

Name and Address of court _____

3. Child's Name and Address _____ dob _____

Absent Parent's Name and Address _____ Phone No. _____

Amount last received _____ Cash___ Check___ Money Order___ Date last received _____ Next Due _____

Are support payments made directly to you? Yes___ No___

If not, through which state or agency? _____ Are support payments court ordered? _____

Name and Address of court _____

CHILD SUPPORT PAYMENTS YOU OR SOMEONE IN HOUSEHOLD MUST MAKE (Request additional sheet of paper if necessary)

1 Support Provider's Name _____ Child's Name and Address _____ dob _____

Name & Phone No. of Parent/Guardian with whom child resides _____ Relation to Child _____

Name, Address, Phone No. of person receiving support payments _____

Am't Last Paid _____ Date Last Paid _____ Cash___ Check___ Money Order___ Court ordered?___ Name/Address of Court _____

2 Support Provider's Name _____ Child's Name and Address _____ dob _____

Name & Phone No. of Parent/Guardian with whom child resides _____ Relation to Child _____

Name, Address, Phone No. of person receiving support payments _____

Am't Last Paid _____ Date Last Paid _____ Cash___ Check___ Money Order___ Court ordered?___ Name/Address of Court _____

3 Support Provider's Name _____ Child's Name and Address _____ dob _____

Name & Phone No. of Parent/Guardian with whom child resides _____ Relation to Child _____

Name, Address, Phone No. of person receiving support payments _____

Am't Last Paid _____ Date Last Paid _____ Cash___ Check___ Money Order___ Court ordered?___ Name/Address of Court _____

LIST ALL HOUSEHOLD EXPENSES, DATE LAST PAID AND THE AMOUNT DUE (Provide complete information)

BASIC EXPENSES	Amount	Frequency	Date Last Paid	Name on Bill	Amount Due
Rent / Mortgage	_____	Wk___ Mo___	_____	_____	_____
Food	_____		_____		_____
Diapers	_____		_____		_____
Gasoline for vehicle(s)	_____		_____		_____
Household Supplies	_____		_____		_____
Gas	_____	Wk___ Mo___	_____	_____	_____
Electric	_____	Wk___ Mo___	_____	_____	_____
Oil	_____	Wk___ Mo___	_____	_____	_____
Prescriptions	_____	Wk___ Mo___	_____	_____	_____
OTHER EXPENSES					
Cable	_____	Wk___ Mo___	_____	_____	_____
Car Payments	_____	Wk___ Mo___	_____	_____	_____
Court Fees, Fines, etc.	_____	Wk___ Mo___	_____	_____	_____
Credit Cards	_____	Wk___ Mo___	_____	_____	_____
Personal Loans	_____	Wk___ Mo___	_____	_____	_____
Rent to Own Items	_____	Wk___ Mo___	_____	_____	_____
Telephone	_____	Wk___ Mo___	_____	_____	_____
Cell Phone	_____	Wk___ Mo___	_____	_____	_____
Internet Connection	_____	Wk___ Mo___	_____	_____	_____
Other	_____	Wk___ Mo___	_____	_____	_____

ASSISTANCE REQUESTED (Be specific) _____

REASON FOR REQUEST _____

Have you or any other member of your household ever been convicted of a felony? Yes___ No___ If yes, who? _____

When? _____ Which city / town and state? _____

Provide details _____

Are you or any other household member presently on parole or probation? Yes___ No___ If yes, _____

Which city / town and state? _____ Name of parole / probation officer _____

Phone No. _____ Provide details _____

READ CAREFULLY BEFORE SIGNING

I / We understand that:

I / We, the undersigned, agree to repay the City of Manchester for any assistance granted pursuant to RSA 165; any misrepresentation of information pursuant to RSA 641:3 used in determining eligibility would terminate all aid from the City of Manchester for up to one year; all information supplied by me / us is subject to investigation and verification.

Any change in my status must be reported to the Welfare Office within 3 working days and failure to do so may result in suspension of my / our assistance.

I / We may request a fair hearing if I am / we are not satisfied with any decision regarding my / our assistance; I / We must do so in writing to the Commissioner within 5 working days.

My / Our signature(s) below constitute(s) the granting of my / our authority for the City of Manchester to obtain verification and / or proof from all sources concerning my / our household's circumstances.

Applicant's Signature	Date	Co-applicant's Signature	Date
Spouse's Signature	Date	Co-applicant's Signature	Date

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I / We authorize any relative, physician, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army or any persons or organizations concerning my/our circumstances to furnish such information to Manchester City Welfare. I / We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, NH Legal Assistance, any City/ Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration, Southern NH Services, or any non profit agency to release information from their files to the City of Manchester Welfare Department.

Applicant's Signature	Date	Co-applicant's Signature	Date
Spouse's Signature	Date	Co-applicant's Signature	Date

APPLICANT'S RELEASE OF INFORMATION

I / We authorize the City of Manchester Welfare Department to release information to any persons or organizations concerning my/our circumstances or to any State or County Division of Health and Human Services, Division of Children, Youth and Family Services, Social Security Administration, Internal Revenue Service, school administration, physician, Southern NH Services, Red Cross, mental health professional, Division of Adult and Elderly Services, NH Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Salvation Army, food pantries or any City of Manchester departments connected with the administration of Welfare.

Applicant's Signature	Date	Co-applicant's Signature	Date
Spouse's Signature	Date	Co-applicant's Signature	Date

If you need a disability-related accommodation please notify front desk.

TTY access through Relay NH at 711.

CASES WILL BE HELD OPEN FOR 6 MONTHS AFTER LAST CONTACT.

The Manchester City Welfare Department will be holding cases open for 6 months from the date of last contact with this office. Returning clients must continue to comply with all requirements of prior Notices of Decision; including but not limited to using all income for basic needs as detailed on prior Notices of Decision. Clients will be expected to provide written verification of all income and dated receipts for expenses for the weeks prior to their return date. Failure to comply may result in a delay or suspension of assistance.

VOLUNTARY QUIT LAW.

Pursuant to the provisions of RSA 165:d voluntary termination of employment without good cause could lead to disqualification from receiving general assistance in the future.

RSA 641:3

The Manchester City Welfare Department may refer violations of RSA 641:3 to the appropriate authorities for prosecution RSA 641:3 provides:

UNSWORN FALSIFICATION

A person is guilty of a misdemeanor if:

- I. He makes a written false statement which he does not believe to be true, on or pursuant to a form bearing a notification authorized by law to the effect that false statements made therein are punishable; or
- II. With a purpose to deceive a public servant in the performance of his official function he:
 - (a) Makes any written false statement which he does not believe to be true; or
 - (b) Knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading.
 - (c) Submits or invites reliance on any writing which he knows to be lacking in authenticity; or
 - (d) Submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.
- III. No person shall be guilty under this section if he retracts the falsification before it becomes manifest that the falsification was or would be exposed.

I/We have read the above statements and certify that I/We fully understand them.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Spouse's Signature	Date	Co-Applicant's Signature	Date
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Applicant(s)/client(s) do not sign the following until the conclusion of intake interview.

I hereby certify that all notes and/or alterations written on my application by the caseworker(s) during this intake process accurately reflect my responses to questions and any additional information I provided. I further certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Spouse's Signature	Date	Co-Applicant's Signature	Date
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I hereby certify _____ signed in front of me at the conclusion of the interview.

Caseworker Signature	Date	Witness Signature	Date
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